

US EPA RECORDS CENTER REGION 5



461472

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 1.98
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Post	6.03



Sent To

Street, Apt.
or PO Box

City, State,

Shumaker, Loop & Kendrick
Attn: Jeffrey Fort
1000 Jackson
Toledo, OH 43624
(re: Lake Shore Industries)

D. Sheppard
5R-6J(CRS)

7001 0320 0006 0294 2202

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shumaker, Loop & Kendrick
Attn: Jeffrey Fort
1000 Jackson
Toledo, OH 43624
(re: Lake Shore Industries)

2. Article Number

(Transfer from service label)

7001 0320 0006 0294 2202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Barb Mackey

B. Date of Delivery

10-14-03

C. Signature

x Barb Mackey

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

OCT 16 2003

SLIP DELIVERED

3. Service-Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5
Deena Sheppard-Johnson, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Therma-Tru
 f/k/a Lake Shore Industries
 1687 Woodlands
 Maumee, OH 43537-4079

4a. Article Number

709934000000 9588 3502

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/22/01

5. Received By: (Print Name)**8. Addressee's Address (Only if requested and fee is paid)****6. Signature: (Addressee or Agent)**

X *Lisa Schell*

UNITED STATES POSTAL SERVICE



First-Class Mail —
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

U.S. EPA Region 5
Deena Sheppard-Johnson, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)

0604+3511



U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Therma-Tru

Postage

\$

5.80

Certified Fee

2.10

Return Receipt Fee
(Endorsement Required)

1.50

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

8.80



No.

Therma-Tru

St.

f/k/a Lake Shore Industries

C.

1687 Woodlands

PS

Maumee, OH 43537-4079

(re:CLS)

for Instructions

7079 3400 0000 0046 6602 2052 8585 3502

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